

FILED

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RICHARD W. WIEKING *tsu*
CLERK
U.S. DISTRICT COURT
NO. DIST. OF CA. S.J.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

C07 04734 SBA

Barth Dennis Capela Plaintiff,

vs.

Bob Horel, Warden Defendant.

CASE NO. _____

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, Barth Capela, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 Tri City Construction company

5 _____
 6 _____
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ☐ No ☒
 10 self employment
 11 b. Income from stocks, bonds, Yes ☐ No ☒
 12 or royalties?
 13 c. Rent payments? Yes ☐ No ☒
 14 d. Pensions, annuities, or Yes ☐ No ☒
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ☐ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ☐ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ☐ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ☐ No ☐ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ☐ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ _____ N/A Utilities: _____ N/A I am in Prison

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on this Account
	\$	\$
	\$	\$
	\$	\$

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 I have no other debts I have no money
4 _____
5 _____

6 10. Does the complaint which you are seeking to file raise claims that have been presented
7 in other lawsuits? Yes ☐ No ☒

8 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
9 which they were filed.
10 _____
11 _____

12 I consent to prison officials withdrawing from my trust account and paying to the court
13 the initial partial filing fee and all installment payments required by the court.

14 I declare under the penalty of perjury that the foregoing is true and correct and
15 understand that a false statement herein may result in the dismissal of my claims.
16 _____

17 _____
18 DATE

Barth Dennis Capella
SIGNATURE OF APPLICANT

19
20 Case Number: FF302986
21
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CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of CSP - Solano for the last six months at

where (s)he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$

0.00

Dated: 8/27/07

Barbara Patten

[Authorized officer of the institution]

Please Return all Documents

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

AUG 24 2007

Date Aug 22 19 07

To: Warden

Approved _____

I hereby request that my Trust Account be charged \$ 3,880 for the purpose stated below and authorize the withdrawal of that sum from my account:

V-58262

NUMBER

Barth Capela

NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).

PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

PURPOSE To certify that I
have no money per Habeas
Corpus for my case

NAME _____

ADDRESS _____

BARTH DENNIS Capela

PRINT YOUR FULL NAME HERE

REPORT ID: TS3030 .701

REPORT DATE: 08/27/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA STATE PRISON SOLANO
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2007 THRU AUG. 27, 2007

ACCOUNT NUMBER : V58262 BED/CELL NUMBER: S102T1000000122U
ACCOUNT NAME : CAPELA, BARTH DENNIS ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/01/2007		BEGINNING BALANCE					0.00
04/24/07	DD31	CHECK DEPOSIT	3908-ACCES		1.88		1.88
07/25	FC01	DRAW-FAC 1	0287-MKUP			1.88	0.00
08/13	FR01	CANTEEN RETUR	700547			1.88	1.88
08/14	FC01	DRAW-FAC 1	0593-2ND			1.88	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 11/10/04 CASE NUMBER: FF302986
COUNTY CODE: SCL FINE AMOUNT: \$ 3,400.00

DATE	TRANS	DESCRIPTION	TRANS. AMT	BALANCE
02/01/2007		BEGINNING BALANCE		3,386.00
04/24/07	DR31	REST DED-CHECK DEPOSIT	2.07-	3,383.93

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	1.88	1.88	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Barbara Patten*
TRUST OFFICE